

Waiver Wise

Technical Assistance for the Community Options Program Waiver COP-W

Wisconsin Department of Health & Family Services • Division of Disability and Elder Services

Bureau of Aging & Long Term Care Resources

Volume 03 Issue 03

Adaptive Aids Part I

What are Adaptive Aids?

Adaptive aids are devices, controls, appliances or items which enable persons to improve their ability to perform activities of daily living or control their environment. Such equipment has the primary purpose of increasing independent functioning and/or physical safety. The following items are generally allowable waiver expenses: lift chairs, over-the-bed tables, portable ramps, free standing lift/transfer units (manual, hydraulic or electronic), control switches including sip and puff controls, adaptive appliances, hygiene or meal preparation aids, environmental control units and specially adapted handles or locks.

Vehicle related adaptive aids may include vehicle wheelchair lifts, adaptations of steering, braking and other vehicle operation systems, as well as modifications to the interior seating and cargo areas.

Note: These lists are illustrative and should not be considered to be all-inclusive descriptions of allowable adaptive aids. The installation and repair cost of waiver allowable adaptive aids is also waiver allowable.

Documentation of Adaptive Aids

For adaptive aid expenditures in excess of \$1,000, the COP-W/CIP II participant record must contain documentation from either an Independent Living Center, a rehabilitation organization, occupational therapist, physical therapist or other professional with comparable training and experience, that the item is appropriate to the needs of the participant.

In addition, there must be documentation in the participant file to substantiate that the adaptive aid(s) cannot be obtained through Wisconsin Medicaid. This is a requirement, regardless of the cost of the item.

Commonly Asked Questions

Question 1 – Are grab bars considered an adaptive aid or a home modification?

If a county wants to purchase just the grab bar, it would be considered an adaptive aid. If the county wants to <u>purchase and install</u> the grab bar, the whole bill would be considered a home modification (SPC 112.56). If Medicaid will be purchasing the grab bar, but waiver dollars will be used to install it, it would be considered a home modification.

Question 2 – For adaptive aids costs over \$1,000 requiring a recommendation from a professional to ensure the item is appropriate for the participant, could the rehabilitation specialist that works for the DME vendor selling the item provide the recommendation?

No. This would be considered a conflict of interest. The rehabilitation specialist or other professional (OT, PT, etc.) should be an objective professional that knows the specific therapeutic needs of the client.

Question 3 – According to the Medicaid Waivers Manual, when an adaptive aid or communication aid costs in excess of \$1,000, the care manager is required to obtain written "documentation from a rehabilitation organization, occupational therapist, physical therapist, or other professional with comparable training and experience that the purchase is appropriate" for the participant.

Can a participant's doctor (M.D.) be viewed as the "other professional with comparable training and experience?" In other words, could a written statement or prescription from the participant's doctor (M.D.) be sufficient documentation of the aid's appropriateness given the participant's health situation?

Yes, if the doctor (M.D.) recommending the adaptive aid (SPC 112.57 or 112.99) or the communication aid (SPC 112.47) has had applicable training and work experience qualifying him/her to be able to determine if the aid is appropriate for the participant, then written documentation from that doctor would be acceptable.

Note: Acceptable written documentation from a doctor (M.D.) could be a copy of a prescription for the aid. In addition, it is best practice to obtain written documentation that includes descriptive reference of why the aid is appropriate for the program participant and how the aid will increase his/her level of independence with an activity of daily living, however this is not mandatory.

Question 4 – Can the waiver fund the cost of a maintenance agreement for an adaptive aid?

No. If equipment needed to be repaired, waiver funds could be used to pay for it. Thus, there is no reason to pay for a maintenance agreement.

Question 5 – Can the waiver program purchase used equipment (i.e., motorized scooter, lift chair, or wheelchair lift for a van)?

Yes. The waiver program can fund used equipment either from a vendor or a private party. If the used equipment is being purchased from a <u>vendor</u>, the vendor will need to ensure the item is in proper working condition and provide a guarantee of liability. No matter what the cost of the item, it may be a good idea to have the need for the equipment assessed by a third party (OT, PT, etc) to verify whether the equipment meets the participant's specific needs.

If the used equipment is being purchased from a <u>private party</u>, it is necessary to have the equipment inspected by an Independent Living Center, a rehabilitation organization, occupational therapist, physical therapist or other professional with comparable training and experience to ensure the item is in proper working condition and the equipment will safely meet the participant's assessed need.

<u>In either case</u>, it is necessary to case note that Medicaid card will not purchase used equipment.

Important note: The related cost of such an assessment is billable under the same SPC and service type as the equipment.

Question 6 – Can the waiver program fund the purchase or rent of an adjustable electric bed?

Yes, if the participant has an assessed medical need documented by a medical doctor. However, before purchasing an adjustable electric bed, the purchase or rental of a hospital bed should first be pursued through Medicaid. Medicaid will purchase a new hospital bed every 8 years and will purchase a new replacement mattress every 4 years. When medically necessary and with prior authorization, Medicaid can purchase the monthly rental of a bed.

If there is a medical need documented by a medical doctor and the hospital bed is not appropriate, a single-size adjustable electric bed is wavier allowable. The bed is considered a patient lift under SPC Code 112.99 – Adaptive Aid. With some restrictions, waiver funds can be utilized to purchase a <u>double-size</u> bed for a program participant if there is a **medical need** for the bed <u>and</u> the participant shares the bed with his/her spouse or significant other, or is too large to fit in a single bed.

Question 7 – Under what circumstances can the waiver program pay for a clothes washer and/or dryer for a program participant?

First, for the waiver program to fund the purchase of a clothes washer or dryer, the <u>participant</u> must be the individual completing his/her laundry either independently or with assistance. Appliances cannot be purchased for the convenience of a caregiver or a supportive home care worker.

Second, the waiver program can fund the cost of purchasing and installing <u>adaptive</u> clothes washer and/or dryer under SPC 112.99 - Adaptive aid. An adaptive model is one that is 1) front-loading and 2) all controls are located at the front of the machine, making the machine accessible to a person using a wheelchair.

If the participant does not currently own a clothes washer and/or dryer but would be able to complete their own laundry (either independently or with assistance), if they had these adaptive model appliances, it would be allowable to use waiver funds to purchase adaptive model appliances for participants who do not have them.

Regarding repairs: If a participant's <u>adaptive</u> model appliance needs repair, and the participant is the person who completes his/her laundry (either independently or with assistance), waiver funds can be used to pay for this repair. If a participant's <u>non-adaptive</u> model appliance needs repair, waiver funds <u>cannot</u> be used to pay for the repair. In other words, waiver funds can only pay for the repair of an adaptive model appliance, and also, if the participant is completing their own laundry independently or with assistance.

Note: If waiver funding is used to purchase an adaptive model that replaces the standard model washer and dryer, the participant may choose to sell the original model.

Question 8 – Can the waiver program fund the purchase of a lightweight vacuum cleaner for a program participant?

It depends. A lightweight vacuum cleaner can be funded as an adaptive aid (SPC 112.99), if the following requirements have been met:

- The participant must be able to use the vacuum cleaner independently and cannot use a standard vacuum cleaner. The lightweight vacuum cleaner could be considered "adaptive" for a participant who is unable to vacuum with a heavier, standard model.
- ◆ The vacuum cleaner's adaptive lighter weight and style must be appropriate for the participant given the limits of his/her physical functioning and health situation. There must be a documented medical need for a lightweight vacuum cleaner.

Please note: If the waiver program is currently funding supportive home care services to assist with housecleaning tasks, the amount of services would be decreased once the participant receives the adaptive vacuum cleaner. The reasoning behind this is that the participant would be able to complete his/her needed vacuuming without outside assistance.

Question 9 – When a participant uses a wheelchair for mobility, can the waiver program fund the purchase of a portable ramp for use at non-accessible building entrances?

Yes. A portable ramp (a ramp that can be folded in half and carried) is a waiver allowable item that can be utilized by a participant who operates a wheelchair, walker, or scooter to access his/her community. Portable ramps can be used at entrances of private residences, public buildings, or places of worship. A portable ramp is billable under SPC 112.99 - adaptive aid.

The following considerations should be taken into account when purchasing a portable ramp for a participant:

- Whether the participant can safely propel him/herself independently on the portable ramp or if he/she will need a caregiver to assist them while on the ramp.
- If the weight capacity of the portable ramp is adequate for the participant, his/her mobility device (wheelchair or scooter), and if applicable, the caregiver that may be assisting the participant while on the portable ramp.
- If the participant will be using the portable ramp when alone. If this is the case, is the participant able to put the ramp in place and also retrieve the ramp after it is used? This will determine the weight of the ramp and size that the participant can handle without assistance. It is acceptable to purchase a portable ramp even if the participant is accompanied by a caregiver.
- ◆ The ramp's pitch that will be created when using the portable ramp. The pitch will vary depending on the incline of the entrance. If the portable ramp will be used routinely at a specific entrance, it may be helpful for the care manager to check that entrance to determine if a portable ramp can be used safely. Although the pitch of a portable ramp would not need to follow the Americans With Disabilities Act's pitch guideline (one foot of length for every inch of height from the door threshold to the ground), it would be unsafe for a portable ramp to be used at an entrance when the ramp's pitch is too severe to allow a participant (with or without a caregiver assisting) to safely maneuver up and down the ramp.
- There are a variety of different styles and lengths of ramps on the market. If needed, regional Independent Living Center staff and/or COP-Waiver Quality Assurance Consultants at TMG are available to offer information on possible provider resources.

Question 10 – Can CIP II or COP-W dollars be used to fund the cost of readjusting participant's dentures?

The first step is to have the participant seen by a dentist that accepts Medicaid funding for provided dental services. The second step is to have that dentist submit a prior authorization for Medicaid dollars to fund the readjustment of the participant's dentures. If a formal denial of service payment is received, then the waiver program can be viewed as a potential funding source.

Once a formal written denial is received by the dentist confirming Medicaid will not fund the cost for readjusting a participant's dentures, then the cost of this service can be billed under SPC 112.99 – Adaptive Aid. This type of dental work directly relates to an adaptive device that assists the participant in eating, which is an activity of daily living. The price of the dental work should be the customary fee including related procedures that are needed to complete the readjustment that will not be funded by Medicaid.

Reminder: It is NOT considered a Medicaid denial just because available dentists do not accept Medicaid or they are not willing to accept the Medicaid reimbursement rate.

Question 11 – Can the waiver program fund adaptive recreational equipment, such as an adaptive fishing pole or rifle, as an Adaptive Aid? Could the waiver pay for the part of the equipment that is deemed adaptive?

No. The waiver program cannot fund recreational equipment. Recreation is not considered an Activity of Daily Living (ADL). The waiver program also cannot fund the adaptive part of the equipment. The adaptation does not assist the participant to increase his/her independence in performing an ADL.

Question 12 – Can CIP II or COP-W dollars be used to fund the purchase of an adaptive scale?

Yes. An adaptive scale could be viewed as either a Specialized Medical Supply (SPC 112.55) or an Adaptive Aid (SPC 112.99) for a participant needing to monitor his/her weight. A participant may need to weigh himself/herself regularly to track sudden weight gain (possible evidence of fluid retention) or needed weight loss but cannot use an ordinary scale. Examples of adaptive scales include a talking scale or a large number scale for a participant with a sight impairment, a sitting scale used with someone unable to stand, or a large capacity scale for an individual weighing over 300 pounds. If a participant must weigh themselves routinely for a medical reason and a standard scale is appropriate, this can be billed under SPC 112.56 – Specialized Medical Supplies.